

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573,813

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4	1						54						
5		1					55						
6		1 2					56						
7	1						57						
8		1					58						
9		1					59						
10		3 1					60						
11		7 3					61						
12	1						62						
13		1					63						
14		1					64						
15	1						65						
16		1					66						
17		1 2					67						
18	1						68						
19		1					69						
20		1 2					70						
21		0					71						
22	1						72						
23		1					73						
24		1 2					74						
25		2 1					75						
26		1 2					76						
27		0					77						
28		0					78						
29		0 1					79						
30		0 1					80						
31		0 1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	37						TOTAL CLAIMS						